FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # S19490

(9)

PRIENDLY AUTO INSURANCE OF BREVARD, INC.

Principal Place of Business	Mailing Address		
% LLOYD REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751-3317	% LLOYD REGISTER 1535 N. MAITLAND AVE. MAITLAND FL 32751-3317		

FILED Apr 14 1997 8:00am Secretary of State



3a. Date of Last Report

05/01/1996

3. Date incorporated or Qualified

12/17/1990

2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number		,	Applied For		
21	[26]			59-3045369			Not Applicable		
Sulte, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional			
22		27	27		5. Certificate of otaxus posited	F	ee Required		
City & State City & State 28 28					6. Election Campaign Financing	\$!	5.00 May Be		
				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Country	1	8. This corporation has liability for		nder s. 199.032,		
24 25 29 30					Florida Statutes Yes No				
	9. Name and Address of Current	Registered Agent	B1	10. Name and Address of New Registered Agent					
HEGISTER, LLOYD E.					B1 Name				
1539 N. MAITLAND AVE.					82 Street Address (P.O. Box Number is Not Acceptable)				
MAITLAND FL 32751									
					83				
'			84	City		85	Zip Code		
			1			-L_	}		
11. Pursuant to	the provisions of Sections 607,0502	and 607.1508, Florida Statu	ites, the above	e-named corp	poration submits this statement for the pilon's board of directors. I hereby acce	purpose of chang	ging its registered		
agent. I am	familiar with, and accept the obligation	ions of, Section 607.0505, F	lorida Statutes	ine corporat S.	dire board of directors. Thereby acce	prine appointme	in as registered		
SIGNATURE							Ì		
SI	gnature, typed or printed name of registered agen			nt signature requir	ed when reinstaling)	DATE			
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13,		ADDITIONS/CHANGES TO OFFIC				
	DC	☐ DELETE	1.1 7(TLE	ĺ		☐ ¢	hange 🔲 Addition		
	REGISTER, LLOYD E.		1.2 NAME	ţ					
	507 FORESTWOOD CT.		1.3 STREET	ADDRESS			i		
	MAITLAND FL		1.4 C(1) Y - S	I - Z(P					
i i	D	🔀 DELETÉ	2.1 7(1) (-		☐ Cr	hange 🔲 Addition		
	REGISTER, SHARON		2.2 NAME						
STREET ADDRESS	507 FORESTWOOD CT.		2 3 STREET	ADDRESS					
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-						
TITLE	\$P	DELETE	3.1 101.8	l Pi	resident	IX I cr	hange 🔲 Addition		
NAME	BACHELLER, CHRISTOPHER		3.2 NAME						
STREET ADDRESS	442 CANDLESTICK AVE NE		3 3 STREET	ADDRESS					
CITY-ST-ZIP	PALM BAY FL		3.4. CITY - 5						
TITLE	ST	☐ DELETE	4.1 TITLE	0	11 ector	☐ cr	hange 🔀 Addition		
NAME	PACE, ERICK		4. 2 NAME						
	1535 N, MAITLAND AVENUE		4.3 STREFT	AUDRESS)		
	MAITLAND FL 32751		4.4 CHY-S	1-7IP					
	DV	DELETE	5.1 1/110			☐ Cł	hange Addition		
NAME	REGISTER, LLOYD E. IV		5.2 NAME	}			j		
	1535 N. MAITLAND AVENUE		5.3 STREFT	ADDRESS					
	MAITLAND FL 32751	_	5.4 C(TY-S	1-71P			}		
	V	DS DELETE	6.1 TITLE			Cr	hange		
1	REGISTER, TIMOTHY Z.	•	6.2 NAME						
	1535 N, MAITLAND AVENUE		6.3 STREET	ADDRESS					
	MAITLAND FL 32751		64 CITY-S	1					
	certify that the information supplied	with this filing does not qual			in Section 119.07(3)(i). Florida Statute	s. I further certif	v that the		

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corresption or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed or on an attachment with an address.

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